PTO/8B/06 (08-03) Approved for use through 7/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Number Substitute for Form PTO-875 601 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR **NUMBER FILED** NUMBER EXTRA RATE FEE BASIC FEE RATE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = 2 X X \$ INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) OR = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = * If the difference in column 1 is less than zero, enter "0" in column 2. **TOTAL** OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 3) OR (Column 2) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST 4 REMAINING PRESENT NUMBER RATE ADDI-ENDMENT RATE AFTER PREVIOUSLY ADDI-**EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE Total (37 CFR 1.16(c)) БЕÉ Minus 9 OR Independent (37 CFR 1.16(b)) Minus X S = OR = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.46(d)) OR = TOTAL TOTAL ADD'L **F**EE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST \mathbf{m} REMAINING NUMBER PRESENT ENT RATE ADDI-RATE AFTER AMENDMENT ADDI-**PREVIOUSLY EXTRA** TIONAL FEE TIONAL PAID FOR Total (37 CFR 1.16(c)) FEE Σ Minus OR Z Independent (37 CFR 1.16(b)) Minus = OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CL AIMS HIGHEST O REMAINING NUMBER PRESENT RATE ADDI-RATE AFTER ADDL **PREVIOUSLY** TIONAL AMENDMENT TIONAL PAID FOR FEE Total (37 CFR 1.16(c)) FEE ENDM Minus X \$ OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments. ADD'L FEE ADD'L FEE

on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application of Doctor Pullinger 12

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OR | | |
|---|--|--|--------------|-------------------------------|-------------------------------|------------------|---|---|------------------------|----------|---------------------|------------------------|
| TOTAL CLAIMS | | | 22 | | | | | RATE | FEE | | RATE | FEE |
| FO | R | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| TOTAL CHARGEABLE CLAIMS (02 minus 20= | | | | | . 22 | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS 2 minu | | | | | us 3 = * | | | X43= | | OR | X86= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +145= | | OR | +290= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 396.00 |
| CLAIMS AS AMENDED - PART II | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT A | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | IEST BEA DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | independent | * | Minus | *** | | <u> </u> | 1 | X43= | | OR | X86= | |
| ٨ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145= | | OR | +290= | |
| TOTAL ADDIT, FEE | | | | | | | | | | OR | TOTAL ADDIT, FEE | |
| (Column 2) | | | | | | | | | | | | |
| _ | | (Column 1) CLAIMS | | HIGH | (EST | | ገ | | ADDI- | . | | ADDI- |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | PREVI | BER OUSLY FOR | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FEE |
| | Total | * | Minus | ** | | z. | | X\$ 9= | | OR | X\$18= | |
| | Independent | • | Minus | *** | | = | ┛ | X43= | | OR | X86= | |
| ₹ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145= | | OR | +290= | |
| TOTAL | | | | | | | | | | ОR | TOTAL ADDIT, FEE | |
| ADDIT. FEE | | | | | | | | | | | | |
| AMENDMENT C | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREV | MEST MBER MOUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | 4 | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | 1 | X43= | | OR | X86= | |
| Ā | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145= | | ОЯ | | |
| A With a retail column 1 in loca than the entry in column 2, write "0" in column 3. | | | | | | | | | | | TOTAL | |
| * If the entry in column 1 is less than the entry in column 2, while 0 is both larger 10. ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |